



Wyoming Substance Abuse Consumer Survey

2008 - _____

In order to provide the best services to you, we would like to know what you think about the services you are receiving. Your answers are confidential and will be used to improve future services. **For each survey item below, please check the box that corresponds to your answer.**

Today's date: _____

1. Your age: _____

2. Gender: ☐ Male ☐ Female

3. Which of the following best describes your racial/ethnic background? Check all that apply.

- ☐ Caucasian/ White ☐ African American/ Black ☐ Native American/ Alaskan Native
☐ Latino ☐ Asian/ South/ Pacific Islander ☐ Other _____

4. Did you voluntarily come for services? Check all that apply.

- ☐ Yes
☐ No, my treatment was **court ordered**
☐ No, I was pressured by family to come for services
☐ No, I was pressured by friends to come for services
☐ No, I was pressured by my work/school to come for services
☐ Other (please specify) _____

5. Please indicate which services you are currently receiving.

- ☐ Mental Health ☐ Substance abuse
☐ Both Mental Health & Substance Abuse ☐ Other (please specify) _____

6. How long have you been receiving services from this center? ____ years ____ months

7. Have you ever received treatment for this problem or a similar problem anywhere prior to coming here? ☐ No ☐ Yes

7a. If yes, where? Check all that apply.

- ☐ Outpatient ☐ Crisis intervention/emergency room
☐ Peer-support/self-help ☐ Hospital, residential treatment
☐ Half-way house ☐ Other (specify) _____
☐ Social Detox

8. Did someone (counselor, therapist, or doctor) from this agency recommend or prescribe medication that was related to your treatment? ☐ No ☐ Yes

8a. If yes, were you told about the side effects of the medication? ☐ No ☐ Yes

9. Have you been given information about your rights as a client? ☐ No ☐ Yes

Please check the NA (Not Applicable) box if the question is about something you have not experienced.

[illegible]

Substance Abuse Issues

[illegible]

As a direct result of the services I received from this center:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
16. My symptoms are not bothering me as much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I am better able to handle things when they go wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I am better able to do things that I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am not likely to use alcohol and/or other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I do better in school and/or work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I spend <u>more</u> time with people who do not use alcohol and/or drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I get along better with my boss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I get along better with my teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My housing situation has improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Connectedness

25. I have someone who will listen to me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I have someone I can do things with (without using alcohol and/or drugs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I have friends who are clean and sober.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I know people I can call when I need help right away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I have people in my life who are a positive influence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. People count on me to help them when they have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I have people who are close to me who motivate and encourage my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I have had interaction with family members or friends who are supportive of my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are interested in participating in community focus group meetings regarding this survey and how it is used to improve services, please contact UPLIFT at 307-778-8686 or Toll-free at 888-875-4383. This information is also available on the Mental Health & Substance Abuse Services Website at <http://health.wyo.gov/mhsa/index.html>.

Thank You!

Please place your completed survey in the provided envelope, seal the envelope, and return it to the designated person.